

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

| | | | |
|--|--|------------|---|
| 1. Agency Name Governor's Office Division, Department, or Region (if applicable) Street Address State Capitol Area Code/Phone Number (916) 445-0873 Agency Contact (name and title) Dan Maguire, Deputy Legal Affairs Secretary | | Date Stamp | California Form 801 For Official Use Only |
| <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year) | | | |

2. Donor Name and Address

| | | | |
|---|----------------|--|----------|
| <input type="checkbox"/> Individual _____ Last Name First Name | | <input checked="" type="checkbox"/> Other GE c/o Universal Studios Hollywood Name | |
| 100 Universal City Plaza 5511-6 | Universal City | CA | 91608 |
| Address | City | State | Zip Code |

GE is a diversified technology, media, and financial services company.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

| | | | |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| Name | Amount | Name | Amount |

3. Payment Information

Date and Amount of Payment (other than travel) 8 29 08 \$ 6,500
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

| | | | | | |
|-------------------|-------------------------|------------------|---------------|----------------|----------------|
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Date(s) of Travel | Transportation Expenses | Lodging Expenses | Meal Expenses | Other Expenses | Total Expenses |

Provide a specific description of the nature and use of the payment for official agency business:

GE paid Yari More for entertainment for the Border Governors Conference on August 13 - 15, 2008.

Identify the officials for whom the payment was used:

| | | | |
|----------------|------------|-------|---------------------|
| Not applicable | | | |
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Title | Department/Division |
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Title | Department/Division |

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

| | | | |
|---|---------------|----------------|--------------------|
|  | Susan Kennedy | Chief of Staff | Oct 1, 2008 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: (Use this space or an attachment for any additional information.)